File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Reset Form

IA ETHICS AND

Des Moines, Iowa 50319 Fax: 515-281-4073						
COMMITTEE NAME (Must be	same as on Statement of Orga	200	18 SE ₽ -	8 AM 10: 19	}	
1	o como do on otatomonto, or organ	nizauori)		FORM	1	
Ron	_	DR-2	DISCLOSURE			
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge 5	1	(Rev. 07/2007)	REPORT			
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only		
11) Local Ballot Issue				Comm. #		
CANDIDATE COMMITTEES	ONLY:	Dalitical Dark, (if continuely)				
Candidate Name Ron Tordoff		Political Party (if applicable)				
1				i		
Office Sought Sheriff		District (if Senate or House)	']]	Addited		
Late reports are subject to possit	ole civil and criminal penalties. Puri	suant to lowa Code sections 68B.3 (641) 869-368 TELEPHONE		68A.401(3), the ca	ndidate, for a	
9	14/2008					
I AM FILING A		REPORT FOR (1) ELECTION		N-ELECTION YE	AR.	
•	port date)	Indicate b	y# <u>[/</u>]			
CHECK IF AMENDMENT TO	O REPORT DATED		Local Co	mmittees, enter Da	te of Election	
	ation) report and attach Notice of offile reports until a DR-3 is filed.)		County & which Ek	Local Committees, ection is held	enter County in	
STATEM	ENT OF CASH ON HAND					
committee. This amo	ing of the reporting period. (Tota unt MUST be the same as the ca eriod or must be zero if this is firs	ash on hand at the end	s	· 6	D -	
ADD TOTAL MONEY	TAKEN IN THIS PERIOD					
Schedule A: Cash Co	ontributions total (Attach Schedul	le A) (*also see in-kind below)				
Schedule F: Loans R	eceived total (Attach Schedule F	·)				
Schedule H: Total Sa	les of Campaign Property (Attac	h Schedule H)		-		
(Schedule H	applies to Candidates' Comm	ittees Only)				
		SUB-TOTAL	\$			
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD					
Schedule B: Expendit	tures total (Attach Schedule B) (*	"also see debts and loans below	<i>(</i>)			
	payments total (Attach Schedule					
	this reporting period (if final repor					
*UNPAID BILLS (From Schedu	ule D - Attach Schedule D)		e			
	rom Schedule E - Attach Schedu		-		.62	
			-		1	
*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES VNO					10	
CANDIDATE COMMITTEES OF	•		-	169	1 0	
	<u>NLT:</u> FRTY (From Schedule H - Attack					

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS	SEE BACK OF FORM
FOR INSTRUCTIONS	SEE BACK OF FORM

OR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)		E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
Ren Tordoff		CHECK THIS BOX IF AMENDING FORM	
	Reset Form		

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
08/21/08	Ron Tordoff 117 Circle Drive PO BOX212 Wellsburg Jowa 50680	N/A	Payment of bill owed - sect of state water Reg list purchased.	°26, <u>20</u>	CONTRIBUTION
08/29/08	Ron Tordoff 117 Circle Drive Do Box 212 Wellsburg, Iowa 50680	nln	pryment of bill owed-The Record paper/copies of flyer supplies	*541. 42	
	J.				
SUB-TOTAL TOTAL (if last page of this schedule)			\$ 567.62 \$ 567.62		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule E) Page .